

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **554**

**FILED FEB 12 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **3012** Registrar's No. **13**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Clay</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Excelsior Springs, Mo.</b> c. LENGTH OF STAY (in this place) <b>4 mo. 21 da</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Administration Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2626 Wabash</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Willie</b> b. (Middle) <b>James</b> c. (Last) <b>Gray</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>January 27, 1951</b>	
<b>5. SEX</b> <b>Male 2</b>	<b>6. COLOR OR RACE</b> <b>colored</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>9-1-19</b>
<b>9. AGE</b> (In years last birthday) <b>31</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Purvis, Mississippi</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Machine Work</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S.</b>	
<b>13a. FATHER'S NAME</b> <b>Willie James Gray</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Alice Jefferson</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mrs. Eva Gray</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, unknown) <b>yes</b> (If yes, give war or dates of service) <b>WWII</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>425-10-6100</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Excelsior Hospital Records</b> ADDRESS <b>Veterans Administration Hosp. Missouri</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Tuberculosis, pulmonary, far advanced active, bilateral (massive pulmonary hemorrhage)</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>ACS</b>	
<b>19a. DATE OF OPERATION</b> - - - - -		<b>19b. MAJOR FINDINGS OF OPERATION</b> - - - - -	
<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>None</b>	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) - - - - -		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> - - - - -	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>11:45 A.M.</b>		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> - - - - -		<b>22. I hereby certify that I attended the deceased from <u>Sept. 6, 1950</u>, to <u>Jan. 27, 1951</u>, that I last saw the deceased <u>on Jan. 27, 1951</u>, and that death occurred at <u>2:45 A.M.</u>, from the causes and on the date stated above.</b>	
<b>23a. SIGNATURE</b> <b>Roy Smith</b> (Degree or title) <b>M.D.O.</b>		<b>23b. ADDRESS</b> <b>Excelsior Springs, Mo.</b>	
<b>23c. DATE SIGNED</b> <b>1-27-51</b>		<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	
<b>24b. DATE</b> <b>Jan 29-1951</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Don't Know</b>	
<b>24d. LOCATION (City, town, or county) (State)</b> <b>Kansas City Mo.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Hope Family Home</b> ADDRESS <b>Exc. Springs Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>1/29/51</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Baroline Dutcher</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



FEB 19 1951

FEB 13 1951

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer \_\_\_\_\_

Signed \_\_\_\_\_

*James A. Moles*

Licensed Embalmer No. *3206*

P. O. Address *Ex Springs Mo.*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.